



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCS/156646

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**PRELIMINARY RECITALS**

Pursuant to a petition filed April 04, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Washington County Department of Social Services in regard to Medical Assistance, a hearing was held on April 24, 2014, at West Bend, Wisconsin.

The issue for determination is whether Washington County Department of Social Services (the agency) correctly terminated the Petitioner's BadgeCare+ benefits, effective May 1, 2014.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

||

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Ken Benedum, Economic Support Specialist  
Washington County Department of Social Services  
333 E. Washington Street  
Suite 3100  
West Bend, WI 53095

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Washington County.
2. On March 10, 2014, the agency sent Petitioner a Notice of Proof Needed, requesting verification of her income from [REDACTED]. (Exhibit 2, pgs. 2-6)

3. On March 17, 2014, the Petitioner submitted an Employer Verification of Earnings Form (EVFE), indicating that the Petitioner had been laid off effective March 12, 2014 and that her final paycheck was dated March 7, 2014. (Exhibit 2, pg. 8)
4. On March 23, 2014, the Petitioner submitted an EVFE indicating that she was working 40 hours per week and earning \$9.00 per hour. This would make her income:  

$$40 \text{ Hours} \times \$9.00/\text{hour} = \$360 \text{ per week}$$

$$\$360 \times 4 \text{ weeks per month} = \$1440 \text{ per month.}$$

(Exhibit 2, pg. 11)
5. On March 27, 2014, the agency sent the Petitioner a notice indicating that as of May 1, 2014, she would be enrolled in the BadgerCare Plus Standard Plan without a premium. (Exhibit 2, pgs. 12-18)
6. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on April 4, 2013. (Exhibit 1)
7. On April 15, 2014, the Petitioner contacted the agency and indicated that she was working full time and earning \$10.00 an hour. This would make her income:  

$$40 \text{ Hours} \times \$10.00/\text{hour} = \$400 \text{ per week}$$

$$\$400 \times 4 \text{ weeks per month} = \$1600 \text{ per month}$$

(Exhibit 3, pg. 2)
8. On April 18, 2014, the agency sent the Petitioner a notice, advising her that effective May 1, 2014, she would not be enrolled in the BadgerCare Plus health plan, because her income was over the program limit. (Exhibit 3, pgs. 3-8)
9. The Petitioner lives with her father, but is an assistance group size of one. (Testimony of Petitioner and Mr. Benedum)
10. The Petitioner does not pay rent, nor does she pay for any utilities. (Id.)

### DISCUSSION

BadgerCare Plus (BC+) is a state/federal program that provides health coverage for Wisconsin families. *BadgerCare + Eligibility Handbook (BEH) §1.1.1.*

Effective April 1, 2014, an adult must have household income must be below 100% the Federal Poverty Level, in order to be eligible for the BadgerCare+ health plan and all available gross income must be counted. *BEH §16.1* Prior to this, the income limit was 200% of FPL. Id.

It is the agency's contention that Petitioner's household income exceeds 100% of the Federal Poverty Level and as such, she is not eligible for benefits.

For BadgerCare+ purposes, only actual gross monthly income is used. Estimated amounts using the 4.3 weekly pay period or 2.15 bi-weekly pay period multipliers are NOT used. *Process Help §16.4.1*; see also *Ops Memo 01-01*

On March 23, 2014, the Petitioner submitted an EVFE indicating that she was working 40 hours per week and earning \$9.00 per hour. This would make her income:

$$40 \text{ Hours} \times \$9.00/\text{hour} = \$360 \text{ per week}$$

$$\$360 \times 4 \text{ weeks per month} = \$1440 \text{ per month.}$$

100% of FPL for an assistance group size of one is \$972.50. *BEH §50.1.* Petitioner's income of \$1440 per month was over the \$972.50 - 100% FPL income limit. As such, the agency correctly ended her BadgerCare+ benefits.

The Petitioner argues that the agency's calculation of her income was not correct. However, the agency acted on the best information that it had available: the EVFE indicating that the Petitioner was earning \$9.00 an hour and working 40 hours per week. As such, the agency correctly relied upon that information to determine Petitioner's income.

If Petitioner's income has changed, she can reapply for healthcare benefits.

### **CONCLUSIONS OF LAW**

The agency correctly terminated the Petitioner's BadgerCare+ benefits effective May 1, 2014.

**THEREFORE, it is**

**ORDERED**

That the petition is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 9th day of May, 2014.

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sMayumi M. Ishii  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on May 9, 2014.

Washington County Department of Social Services  
Division of Health Care Access and Accountability